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CONFIRMATION NO. 5408

<b>SERIAL NUMBER</b> 10/736,808	<b>FILING OR 371(c) DATE</b> 12/15/2003 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3764	<b>ATTORNEY DOCKET NO.</b> 5055.001
<b>APPLICANTS</b> Alexander R. Pivovarov, Coral Springs, FL; ** CONTINUING DATA <i>OK M.B.</i> ***** This application is a CIP of 10/424,680 04/28/2003 PAT 6,675,804 ** FOREIGN APPLICATIONS <i>None F.B.</i> ***** <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/24/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>MB</i> Acknowledged <i>MB</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 8
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> Mark D. Bowen Stearns Weaver Miller, et al. Suite 1900 200 East Broward Boulevard Fort Lauderdale, FL33301				
<b>TITLE</b> Breathing normalizer apparatus				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	